

MULTI-USE FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			Part 2. Food Stamp / Cash Assistance / FDPIR Case Number	
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child(ren) have a Case Number please enter it here. Skip to Part 6.	
Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]			Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>	
Part 4. Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 6.				
Part 5. Total Household Gross Income—You must tell us how much and how often				
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
Part 6. Signature and Social Security Number (adult must sign) An adult household member must sign this application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Policy Statement on the back of this page.) I certify (promise) that all information on this application is true and correct. I understand that the school will get Federal funds based on the information I give. I understand that school officials may use this information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.				
Sign here: X _____ Print name: _____ Address: _____ Phone Number: _____ Social Security Number: _____				
Part 7. Children's racial and ethnic identities (optional) Mark one or more racial identities: _____ Mark one ethnic identity: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Other				
Don't fill out this part. This is for school use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____ Temporary Free: _____ Time Period: _____ (expires after _____ days) Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____				

Your children may qualify for free or reduced price meals if your household income falls with

FEDERAL INCOME CHART For School Year 2005-2006			
Household size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
Each additional person:	\$6,031	\$503	\$116

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- ☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**.

Return this form to: **[address]** by **[date]**.

Updated forms can be found on the ADE website: www.ade.az.gov/health-safety/cnp/nsip/